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Express Mail No.: EV 452 774 320 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: RONALD J. PETTIS, *et al.*

Confirmation No.: 4336

Serial No.: 10/028,988

Group Art Unit: 3763

Filed: December 28, 2001

Examiner: Mendez, Manuel A.

Attorney Docket No.: 11219-022-999
(500752 999 021; P-4901P5)

Date: February 2, 2005

For: METHODS AND DEVICES FOR
ADMINISTRATION OF SUBSTANCES INTO
THE INTRADERMAL LAYER OF SKIN FOR
SYSTEMIC ABSORPTION

AMENDMENT AND RESPONSE UNDER 37 C.F.R. 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 2, 2004, and in accordance with Rule 111 of the Rules of Practice, please enter the following amendments and consider the following remarks. Applicants submit concurrently herewith:

1. A Supplemental Information Disclosure Statement (accompanied by a 1449 form);
2. An Amendment Fee Transmittal Sheet (in duplicate), accompanied by the appropriate provision authorizing payment of the required fee;
3. A Change of Correspondence of Address Form;
4. Request for Correction of Filing Receipt; and
5. A Revocation and Power of Attorney.

It is estimated that no additional fee is required for filing this Amendment. However, should the Patent Office determine otherwise, please charge the necessary fee to Jones Day Deposit Account No. 503013.

02/09/2005 AWONDAF1 00000116 503013 10028988

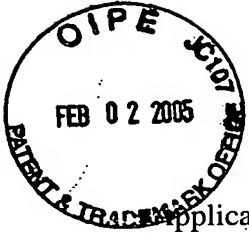
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1,559,601.1

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the **Listing of Claims**, which begins on page 3 of this paper.

Remarks begin on page 11 of this paper.



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FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be **\$360.00**.

The claim amendment fee has been estimated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY			<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	36	MINUS	66	0	x 9	\$ 0.00		x 18	\$	
INDEP.	36	MINUS	6	0	x 44	\$ 0.00		x 88	\$	
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					360.00	\$ 0.00			\$ 360.00	
TOTAL					\$ 0.00	OR	TOTAL	\$	360.00	

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: February 2, 2005

Respectfully submitted,

Laura A. Coruzzi
Laura A. Coruzzi

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by: *Jacqueline Bena*
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30,742
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